

CLAIMS ONLY							Application Number		Filing Date			
							10608294					
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend		
1	Cancel											
2	1											
3	1											
4	cancel											
5	cancel											
6	1											
7	1											
8	1											
9												
10												
11												
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14												
15												
16												
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18												
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28	1											
29	1											
30	1											
31	1											
32												
33												
34												
35												
36	1											
37	cancel											
38	1											
39	cancel											
40												
41	1											
42	1											
43	1											
44	1											
45	1											
46	1											
47	1											
48	1											
49	1											
50	1											
Total Indep	10											
Total Depend	30											
Total Claims	40											

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